

HMO Benefit Overview

SCHOOL DISTRICT OF BOSCOBEL AREA SCHOOLS HMO1-3

	HMO1-3
Annual Deductible	\$2,000/\$4,000 (Single/Family)
Coinsurance	0% Colnsurance
Annual Maximum Out of Pocket	\$4,000/\$8,000 (Single/Family)
Lifetime Maximum	Unlimited
Annual Maximum for Essential Benefits	Unlimited
Preventive Services	Unlimited
Dependent Age	26/26
	At her contact and the second
Physician Scivices	No. of the second secon
Office Visit Congruence (1977) 570 A 1972	Subject to Deductible and Coinsurance
Chiropractor Visits	Subject to Deductible and Coinsurance
Hearing Examination	Subject to Deductible and Coinsurance
Podiatry Services	Subject to Deductible and Colnsurance
Vision Services (CHALLER NO.)	Subject to Deductible and Colnsurance
Weight Loss/Nutritional Counseling	Subject to Deductible and Coinsurance
Hospital Services	The substant of No. 8 Dec. 2 Dec. 42 D
General Inpatient	Subject to Deductible and Coinsurance
Delivery & Newborn Charges	
Outpatient Services	
Carbatont Co. Hood Barrett 1 Acti of	Subject to Deductible and Coinsurance
Emergency Services	and the state of the second state of the second
Emergency Room	\$125 Copayment
Urgent Care	Subject to Deductible and Coinsurance
Ambulance Charles Communication	Subject to Deductible and Coinsurance
Rharmacy, Benefits 1. 16 19 19 19 19 19	English Committee Co
Tier 1/Tier 2/Tier 3	\$10/\$25/\$50 Copay
Value Tier	\$5 Rx Outcomes
Max Out-of-Pocket (Single/Family)	Mr\$2,000/\$4,000
Braine violet Health 12	
Inpatient . The second line second	Subject to Deductible and Coinsurance
Transitional	0.41-41.5 1.01
Outpatient	
Psychlatrist or Psychologist	Manyus Subject to Deductible and Coinsurance ു വുക്കുന്ന
Other Mental Health Professional	Subject to Deductible and Colnsurance
	John Demonstration and Commonwealth
Diagnostic Sérvices	为"主要"的"大学"。 "你,你一定一定一定一定
Lab various and apply to the	Subject to Deductible and Coinsurance
X-Ray	Subject to Deductible and Coinsurance
MRI/MRA Scan	Subject to Deductible and Coinsurance
PET Scan res cartyD (or 30 to 1	Subject to Deductible and Coinsurance
CAT Scan	Subject to Deductible and Coinsurance
All of Contract	G COLUMN TO THE PROPERTY OF
Other Services	(Subjects Budgette Subjects Subject Subjects Subject Subjects Subjects Subjects Subject
Anesthesia for Dental (1984) to be a decide	Subject to Deductible and Coinsurance
Autism Spectrum Disorder Autism Spectrum Disorder Autism Durable Medical Equipment	See Specific Benefit Category for Applicable Coverage
Home Health Care Services	20% Coinsurance
Hospice Services And Annual Control of the Control	Subject to Deductible and Colnsurance
Kidney Disease Treatment	Subject to Deductible and Coinsurance
	See Specific Benefit Category for Applicable Coverage
Oral Surgery Skilled Nursing Care Facility	100% Coverage
Therapy Services	Subject to Deductible and Coinsurance Subject to Deductible and Coinsurance
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This Benefits Summary is intended to highlight the benefits provided in policy listed above. Please see your policy, including the Certificate of Coverage and Schedule of Benefits (SOB), for limitations and exclusions.

Therapy Services TMJ Benefits

Subject to Deductible and Coinsurance
Subject to Deductible and Coinsurance
Subject to Deductible and Coinsurance



POS Benefit Overview

SCHOOL DISTRICT OF BOSCOBEL AREA SCHOOLS POS1-3

Sec. 3. 12 No. 3. 1	In-Network	Out-of-Network
Annual Deductible	\$2,000/\$4,000 (Single/Family)	\$4,000/\$8,000 (Single/Family)
Coinsurance	0% Coinsurance	20% Coinsurance
Annual Maximum Out of Pocket	\$4,000/\$8,000 (Single/Family)	\$8,000/\$16,000 (Single/Family)
Lifetime Maximum	Unlimited	Unlimited Specification of the United Specification of the
Annual Maximum for Essential Benefits	Unlimited (Assess	Unlimited was a second of the second
Preventive Services	Unilmited starts	
Dependent Age	26/26	26/26
Physiologic Services 7	There is the second of the	Follows: A state of the state o
Office Visit	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Chiropractor Visits	Subject to Deductible and Colnsurance	Subject to Deductible and Coinsurance
Hearing Examination	Subject to Deductible and Coinsurance	No Benefit
Podlatry Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Vision Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Weight Loss/Nutritional Counseling	Subject to Deductible and Coinsurance	No Benefit
		I'm source as some services
flospital Services General Inpatient	Subject to Deductible and Coinsurance	Subject to Deductible and Colonia
Delivery & Newborn Charges	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Services		Subject to Deductible and Coinsurance
Outpatient Services (According to the Con-	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
enterce nov Stavious	3	STATE OF THE STATE OF THE STATE OF
Emergency Room	\$125 Copayment	\$125 Copayment
Urgent Care A SANTA CAR SEE SEE	Subject to Deductible and Coinsurance:	Subject to Deductible and Coinsurance
Ambulance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Pharmacy/Senefils		· Control of the same with the same
Tier 1/Tier 2/Tier 3	\$10/\$25/\$50 Copay	\$10/\$25/\$50 Copay
Value Tier	\$5 Rx Outcomes	\$5 Rx Outcomes
Max Out-of-Pocket (Single/Family)	\$2,000/\$4,000	\$2,000/\$4,000
oenavioral lalealio .c.	W	
Inpatient of the section of the section of	Subject to Deductible and Coinsurance	Subject to Deductible and Colors
Transitional	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatlent	Subject to Deductible and Comsurance	Subject to Deductible and Colnsurance
Psychiatrist or Psychologist	Subject to Deductible and Coinsurance	. og/www.ii
Other Mental Health Professional	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outer Wentai Fleatti Floressionai	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
lagnosticiServices		A Property of the Control of the Con
Lab policio and vigracosti in the tage	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
X-Ray, make become a consistency of the	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
MRI/MRA Scan	Subject to Deductible and Coinsurance	Subject to Deductible and Colnsurance
PET Scan	Subject to Deductible and Coinsurance	Subject to Deductible and Colnsurance
CAT Scan	Subject to Deductible and Colnsurance	Subject to Deductible and Coinsurance
When Services, 1997		NI 200 CO. S. P. C. Vest Wilderen Grad
Anesthesia for Dental	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Autism Spectrum Disorder	See Specific Benefit Category	ory for Applicable Coverage
Durable Medical Equipment	20% Coinsurance	20% Coinsurance
Home Health Care Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospice Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Kldney Disease Treatment	See Specific Benefit Category	on for Applicable Coverage
Oral Surgery	100% Coverage	
Skilled Nursing Care Facility	Subject to Deductible and Coinsurance	20% Coinsurance Subject to Deductible and Coinsurance
	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Therapy Services TMJ Benefits	Subject to Deductible and Coinsurance Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
I IVIO Dellello	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

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Therapy Services TMJ Benefits

PPO Benefit Overview

SCHOOL DISTRICT OF BOSCOBEL AREA SCHOOLS PPO1-3

	In-Network	Out-of-Network
Annual Deductible	\$2,000/\$4,000 (Single/Family)	\$4,000/\$8,000 (Single/Family)
Coinsurance	0% Colnsurance	20% Colnsurance
Annual Maximum Out of Pocket	\$4,000/\$8,000 (Single/Family)	\$8,000/\$16,000 (Single/Family)
Lifetime Maximum	Unlimited	Unlimited
Annual Maximum for Essential Benefits	Unlimited ·	Unlimited
Preventive Services	Unlimited	Subject to Deductible and Colnsurance
Dependent Age	26/26	26/26
Doporacity		
Physician Services		
Office Visit	Sübject to Deductible and Coinsurance	-Subject to Deductible and Coinsurance
Chiropractor Visits	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hearing Examination	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Podiatry Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Vision Services	Subject to Deductible and Colnsurance	Subject to Deductible and Coinsurance
Weight Loss/Nutritional Counseling	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospital Services	Subject to Deductible and Colnsurance	Subject to Deductible and Coinsurance
General Inpatient	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Delivery & Newborn Charges	Subject to Deductible and Coinsurance	Subject to Deductible and Colnsurance
Outpatient Services	Subject to Deductible and Comsulation	Caplest to Declaration and Company
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Emergency Services	\$125 Copayment	\$125 Copayment
Emergency Room	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Urgent Care Ambulance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Ampulance	Odbjoot to Bodacapie and Demonstration	
Phamacy Barafils	b	
Tier 1/Tier 2/Tier 3	\$10/\$25/\$50 Copay	\$10/\$25/\$50 Copay
Value Tier	\$5 Rx Outcomes	\$5 Rx Outcomes
Max Out-of-Pocket (Single/Family)	\$2,000/\$4,000	\$2,000/\$4,000
Rehavioral dealth		Subject to Deductible and Coinsurance
Inpatient	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Transitional	Subject to Deductible and Coinsurance	Subject to Deductible and Computation
Outpatient		Subject to Deductible and Coinsurance
Psychiatrist or Psychologist	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Other Mental Health Professional	Subject to Deductible and Colnsurance	Subject to Deductible and Comsulance
Diagnostic Services.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Lab	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
X-Ray	Subject to Deductible and Coinsurance Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
MRI/MRA Scan	Subject to Deductible and Coinsurance Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
PET Scan	Subject to Deductible and Coinsurance Subject to Deductible and Coinsurance	Subject to Deductible and Colnsurance
CAT Scan	Supject to Deductible and Comsurance	T Capleot to Decadolisia and Confidentation
Company of the Compan		T
Other Services	Subject to Deductible and Coinsurance	Subject to Deductible and Colnsurance
Anesthesia for Dental	See Specific Renefit Cate	gory for Applicable Coverage
Autism Spectrum Disorder	20% Coinsurance	30% Coinsurance
Durable Medical Equipment	Subject to Deductible and Coinsurance	
Home Health Care Services	Subject to Deductible and Coinsurance	
Hospice Services	See Specific Repefit Cate	gory for Applicable Coverage
Kidney Disease Treatment	100% Coverage	20% Colnsurance
Oral Surgery	Subject to Deductible and Coinsurance	
Skilled Nursing Care Facility	Subject to Deductible and Coinsurance	
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Subject to Deductible and Coinsurance Subject to Deductible and Coinsurance

Page 21 of 28

Subject to Deductible and Coinsurance Subject to Deductible and Coinsurance

RICHARDS BENEFITS 2018-2019 PREMIUMS WITH AN HRA

Deductible: \$2000/\$4000

Health Insurance		НМО		POS/PPO			
		Per Paycheck	Per Month	Annual	Per Paycheck	Per Month	Annual
	Employee	\$42.90	\$85.79	\$1,029.54	\$70.11	\$140.22	\$1,682.70
Single	District	\$297.56	\$595.12	\$7,141.38	\$297.56	\$595.12	\$7,141.38
	Total	\$340.46	\$680.91	\$8,170.92	\$367.67	\$735.34	\$8,824.08
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	Employee	\$111.53	\$223.07	\$2,676.80	\$182.29	\$364.58	\$4,374.92
Family	District	\$773.65	\$1,547.30	\$18,567.64	\$773.65	\$1,547.30	\$18,567.64
	Total	\$885.19	\$1,770.37	\$21,244.44	\$955.94	\$1,911.88	\$22,942.56

Denta	Insurance	Per Paycheck	Per Month	Annual
	Employee	\$2.32	\$4.64	\$55.66
Single	District	\$20.87	\$41.74	\$500.90
	Total	\$23.19	\$46.38	\$556.56
	Employee	\$6.09	\$12.18	\$146.12
Family	District	\$54.80	\$109.59	\$1,315.12
	Total	\$60.89	\$121.77	\$1,461.24

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